

EDUCATION ACCESS CHANNEL
CABLECAST REQUEST FORM

CONTACT INFORMATION

Submitter's Name: _____ Date: **MM/DD/YY**

School: _____ Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____ Email: _____

Preferred Method of Contact: ☐ Office Phone ☐ Cell Phone ☐ E-mail ☐ Text message

PROGRAM INFORMATION

Program Title: _____ Length:

HRS:MIN:SEC

Series? ☐ If checked, program #: _____ Stop Date? ☐ If checked, final playback date: **MM/DD**

Series Frequency: ☐ Weekly ☐ Bi-weekly ☐ Monthly

Check Media Submission Type: ☐ Electronic File Transmission ☐ DVD

Desired Playback Day(s) and Time(s) if available: _____

Permission for Edina Playback Facility to *repeat* program: ☐ YES ☐ NO

Check the following disclaimers that apply to your program: ☐ Has a mature theme ☐ Contains adult language ☐ Depicts violence ☐ No disclaimer necessary

May we feature your program on our website, www.EdinaMN.gov? ☐ YES ☐ NO

Please provide a brief description of your program for use on our website.

Statement of Responsibilities:

I agree. By checking this box with an 'X' and submitting this document electronically, you agree that you have read, understand and will comply with Southwest Suburbs Public Access Channel Cablecast Request Form.

I accept full responsibility for all program content and for all claims arising out of the cablecasting of any program I am presenting. I agree to indemnify and hold harmless the City of Edina, identified as "Edina Playback Facility" in the policies and procedures, and its directors, officers, agents and staff; SWSCC, its Commissioners, officers, agents and staff; and Comcast against any such claims arising out of the program I submit or any breach of this statement of compliance.

Furthermore, I understand that I may be subject to federal, state, and local laws regarding libel, slander, obscenity, incitement, indecency, unlawful activities, invasions of privacy, copyright or other similar laws.

Program Submitted by: _____ Date: **MM/DD/YY**

(Please Sign)

Program Producer (if other than Submitter): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Please save this document to your computer and then upload it to Edina Playback Facility's FTP server along with your program media.